

On January 21, the HIT Commission convened a planning session to evaluate the progress of the state's health information exchange (HIE) initiative, the Michigan Health Information Network (MiHIN). In general, the HIT Commission agreed that the MiHIN effort had made considerable progress in the past two years. Specifically, the HIT Commission noted that awareness of HIE has been raised in many communities and several national organizations have recognized and praised Michigan's HIE efforts.

The HIT Commission discussed the regional approach that was pioneered by Michigan and found the work done by the MiHIN regional organizations to have produced invaluable outcomes. The MiHIN regional organizations facilitated meaningful discussion of HIE at the community level, were instrumental in insuring both rural and urban areas of the state were appropriately included, and have been essential in building stakeholder consensus. The HIT Commission determined that MiHIN regional organizations must continue to play a vital role in the future of the MiHIN program.

During the evaluation of the MiHIN program, the HIT Commission identified specific barriers. The Commission spent the session making preliminary recommendation on how to proceed by working with the barriers that were identified. This summary specifies the current MiHIN challenges and includes the HIT Commission's recommendations on meeting the overall MiHIN goal of advancing HIE statewide to improve the quality of care for Michigan citizens and reduce health care costs.

Key Barriers of HIE Adoption in Michigan:

- 1. There is difficulty achieving a sustainable business plan within the majority of the regional HIE projects.**
 - a. The state's first implementation grant stakeholder negotiation process has extended beyond a reasonable timeline. Obtaining financial commitments to support the annual operating budget have been the primary obstacle to becoming operational.
 - b. Evaluation of the second round of implementation proposals identified weaknesses in the business plans of all respondents.
 - c. Major stakeholders with a vested interest in multiple regions are reluctant to support more than one regional HIE effort until one piloted HIE is proven successful.
 - d. Many stakeholders are asking whether the regional approach takes sufficient advantage of vendor economies of scale to reduce the cost of implementation.

- 2. Given the current state of the economy and the advancement in HIE technologies; many have suggested the need to reevaluate whether the present approach of supporting development of nine separate HIEs is the most efficient use of very limited resources available to the State and the stakeholders.**
 - a. At the request of the HIT Commission, the Resource Center conducted a comparative investigation on the cost of nine free standing health information exchanges versus a statewide HIE solution. The Resource Center found tremendous savings if one HIE vendor solution is selected. There is potential to reduce the cost of a vendor solution by upwards of 50 percent.
 - b. In 2005 and 2006 when the MiHIN plan was developed, the technology was not available to implement a robust statewide health information exchange. HIE technology has greatly advanced, making it possible to implement a robust statewide solution.

HIT Commission Recommendations for Overcoming Barriers

- 1. Implement an HIE Technology solution statewide with operations deployed by regional entities.**
 - a. Implement and operate a statewide infrastructure or “backbone” that can facilitate the delivery of expanded services as applicable.
 - b. The statewide infrastructure must be built with the following components: messaging gateway (data mobility), privacy and security, record locator service with a master patient index.
 - c. The statewide infrastructure must take an “application agnostic” approach. For example, it is appropriate to support e-prescribing, but not one e-prescribing application. This approach will encourage innovation, embrace current market diversity of solutions, and support a vibrant vendor marketplace.
 - d. The statewide infrastructure must support a the continuum of health care needs – clinical data, administrative data, public health reporting and surveillance, etc.
 - e. Align the minimum HIE functionality requirements with the technology needs of providers to comply with quality initiatives, such as, the patient centered medical home, e-prescribing and other health plan quality initiatives

2. Build upon the regional approach and meaningfully utilize regional entities for specific functions

- a. Adhere to the community or regional approach to continue local collaboration by maintaining regional advisory boards, work groups and providing local service and support for the deployment and operations of the statewide solution

3. Develop a uniform statewide health information exchange sustainable business plan.

- a. Utilize state funds appropriated for the MiHIN and any other funds available to implement a solution that will support statewide HIE.
- b. Take advantage of federal funding opportunities, for example, the American Reinvestment and Recovery Plan (ARRP). In order to qualify for the ARRP, Michigan's HIT solution must be "shovel ready", i.e. able to begin building within 120-180 days.
- c. Align quality incentive payments from major payers and plans (such as Blue Cross Blue Shield and Medicaid) toward provider adoption of HIE, in addition to incentives already encouraging HIT adoption
- d. Allow for regional business plan customization to include functionality enhancements beyond the minimum functional requirements.
- e. Determine mechanisms for equitable, statewide funding that do not require substantial new investment.

4. Ensure the system is widely utilized

- a. Develop legislative recommendations to mandate payers and healthcare providers exchange administrative and clinical health data through the MiHIN.

Request for Input

Considering the founding value of MiHIN is inclusiveness, the HIT Commission has determined a process for gathering input from Michigan's healthcare stakeholders. First, this draft will be circulated among stakeholders prior to the HIT Commission's next meeting, Thursday, February 19, 2009. At the February meeting, the Commission will offer time for public input. Alternatively, input for the Commission will be accepted via email by sending your thoughts to Beth Nagel at nagelb@michigan.gov by February 18, 2009.

The recommendations will be further refined to consider the public input. The recommendations will then be voted on at the Wednesday, March 4, 2009 meeting.